

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/01/2010** and conducted by Evaluator Naira Margaryan

PUBLIC**COMPLAINT CONTROL NUMBER: 31-SC-20100401144206****FACILITY NAME:** EMERITUS CASA WHITTIER**ADMINISTRATOR:** LYNNETTE SMITH**ADDRESS:** 10615 JORDAN ROAD**CITY:** WHITTIER**CAPACITY:** 93**STATE:****CENSUS:**

UNANNOUNCED

FACILITY NUMBER: 197802820**FACILITY TYPE:** 740**TELEPHONE:** (562) 943-3724**ZIP CODE:** 90603**DATE:** 08/19/2010**TIME VISIT BEGAN:** 08:00 PM**TIME COMPLETED:** 11:45 PM**MET WITH:** Lynnette Smith**ALLEGATION(S):**

1 RESIDENT #1 WAS ADMITTED TO THE HOSPITAL WITH AN UNSTAGEABLE SACRAL ULCER.

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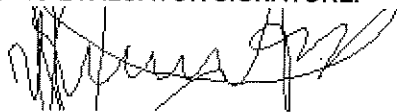
INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Naira Margaryan conducted an unannounced subsequent complaint visit to
2 this facility to deliver the finding on the above complaint allegation.

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4 On 04/01/10, Community Care Licensing (CCL) received the above complaint allegation. This complaint was
5 referred to and accepted by CCL's Investigation Branch (IB). On 04/05/10, Senior Special Investigator (SSI)
6 Tiffany Brunelli conducted the initial 10 day visit to initiate the investigation. During the course of this
7 investigation, interviews were conducted with facility caregivers, the facility Resident Care Director(RCD)/LVN,
8 a family member of Resident #1 and a wound care specialist from Whittier Hospital Medical Center (see LIC
9 811, dated 08/19/2010). Copies of Resident #1's medical records, wound assessment progress records and
10 photographs, and hospital staff notations were obtained. SSI Brunelli also obtained copies of the RCD/LVN's
11 notes regarding Resident #1, the Unusual Incident/Injury Report for Resident #1 and copies of Resident #1's
12 file.

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Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Haris Dergar**TELEPHONE:** (818) 596-4341**LICENSING EVALUATOR NAME:** Naira Margaryan**TELEPHONE:** (818) 596 4334**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/19/2010

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/19/2010

This report must be available at Child Care and Group Home facilities for public review for 3 years.

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERITUS CASA WHITTIER

FACILITY NUMBER: 197802820

VISIT DATE: 08/19/2010

NARRATIVE

1 A review of Resident #1's file documentation revealed that Resident #1 was admitted into this facility on
2 03/16/10. Interviews conducted revealed that Resident #1 preferred to sleep in a recliner chair, not in her
3 bed. On 03/30/10, Resident #1 was admitted to Whittier Hospital Medical Center and was diagnosed to have
4 a sacral ulcer that was deemed unstageable, or at least a Stage III. Resident #1's sacral ulcer was scheduled
5 for a surgical debridement which reportedly would extend down to the bone. The wound care specialist
6 believes the sacral ulcer developed immediately after Resident #1 was discharged from this hospital on
7 02/12/10, and believes the sacral ulcer was present prior to Resident #1's admission to this facility on
8 03/16/10. The wound care specialist reported it would take more than two weeks and probably a couple of
9 months for Resident #1's ulcer to become so infected that the cultures of the wound showed numerous
10 bacterial infections. In addition, the wound care specialist reported that since Resident #1 was incontinent,
11 the ulcer was moist with bacteria and was consistent with Resident #1 lying in a recliner chair and not being
12 cleaned. Resident #1 did not receive wound care in this facility, and both the wound care specialist and
13 facility staff reported that Resident #1 required a higher level of care.

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15 Therefore, based on the interviews conducted and information obtained during the course of this investigation,
16 the above allegation: NEGLECT/LACK OF SUPERVISION: Resident #1 was admitted to the hospital with an
17 unstageable sacral ulcer, is deemed SUBSTANTIATED at this time.

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19 Under Title 22, Division 6, Chapter 8, following citations were issued and recorded on LIC9099D.

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21 Exit Interview Conducted / Appeal Rights Discussed / A Copy of the Report Issued.
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FACILITY NAME: EMERITUS CASA WHITTIER
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 197802820
VISIT DATE: 08/19/2010

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/27/2010 Section Cited 87405 (d)(1,2)	1 ADMINISTRATOR-QUALIFICATIONS AND 2 DUTIES: By retaining resident #1 with prohibited 3 health condition the Administrator failed to 4 demonstrate the knowledge of the requirements for 5 providing care/supervision appropriate to resident 6 and the knowledge of the applicable laws, rules 7 and regulations 8 The Administrator shall have the qualifications 9 specified in Sections 87405. 10 Knowledge of the requirements for providing care 11 and supervision appropriate to the residents. 12 Knowledge of and ability to conform to the 13 applicable laws, rules and regulations. 14 1 2 3 4 5 6 7 1 2 3 4 5 6 7	1 The Licensee will submit a written explanation 2 detailing what steps the Licensee will take to 3 ensure that the Administrator demonstrates an 4 understanding of the requirements for providing 5 appropriate care and supervision to residents. 6 Written explanation shall be submitted to LPA by 7 POC due date 8 9 10 11 12 13 14 1 2 3 4 5 6 7 1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

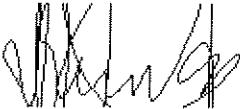
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Type A 08/27/2010 Section Cited 87615 (a)(1)	1 PROHIBITED HEALTH CONDITION: Resident #1 2 was retained in the facility with an unstagable or at 3 list stage III sacral ulcer. 4 5 Persons who require health services or have a 6 health condition including, but not limited to, those 7 specified below shall not be admitted or 8 retained in a residential care facility for the elderly: 9 Stage 3 and 4 pressure sores (dermal ulcers). 10 11 12 13 14	1 The Licensee shall submit written plan, including 2 facility procedures and staff training indicating how 3 licensee will prevent this from happening in the 4 future. Written plan shall be submitted to CCL by 5 POC due date. 6 7 8 9 10 11 12 13 14
Type A 08/27/2010 Section Cited 87455 (c) (2)	1 ACCEPTANCE AND RETENTION LIMITATION: 2 Resident #1 was retained in the facility with a 3 health condition that required skilled or intermediate 4 care. 5 6 No resident shall be accepted or retained if any of 7 the following apply: 8 9 The resident requires 24-hour, skilled nursing or 10 intermediate care. 11 12 13 14	1 The Licensee shall submit written plan, including 2 facility procedures and staff training indicating how 3 licensee will prevent this from happening in the 4 future. Written plan shall be submitted to CCL by 5 POC due date. 6 7 8 9 10 11 12 13 14

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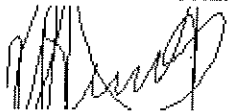
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Type A 08/27/2010 Section Cited 87466	1 OBSERVATION OF RESIDENT: Licensee failed to 2 provide appropriate assistance when resident #1's 3 health condition changed from a Stage II pressure 4 ulcer to a Stage III and unstagable. 5 The licensee shall ensure that residents are 6 regularly observed for changes in their overall 7 condition and appropriate assistance is 8 provided when such observation reveals unmet 9 needs. When changes such as physical health 10 condition are observed, the licensee shall ensure 11 that such changes are documented and brought to 12 the attention of the resident's physician and 13 responsible person, if any. 14	1 The Licensee shall submit detailed written plan 2 indicating how the Licensee will ensure that this will 3 not occur in the future. 4 Written plan shall be submitted to CCL by POC 5 due date. 6 7
Type A 08/27/2010 Section Cited 87625 (b) (7)	1 MANAGED INCONTINENCE: Resident #1 was 2 retained in the facility with an unstagable or nat list 3 Stage III sacral ulcer. She also required 4 Incontinente care. 5 6 The licensee shall be responsible for the following: 7 8 Ensuring that the condition of the skin exposed to 9 urine and stool is evaluated regularly to ensure that 10 skin breakdown is not occurring 11 12 13 14	1 The Licensee shall submit a written plan, including 2 facility procedures and staff training, indicating how 3 the Licensee will prevent this from happening in the 4 future. Written plan shall be submitted to LPA by 5 POC due date. 6 7 8 9 10 11 12 13 14

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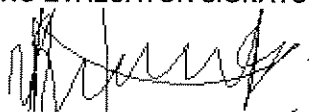
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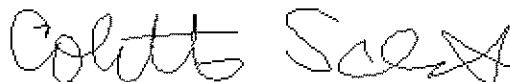
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